



IMMUNE GLOBULIN PA SUMMARY

PREFERRED	CMV-IGIV: CytoGam (Cytomegalovirus Immune Globulin); IVIG: Bivigam, Carimune NF, Flebogamma DIF, Gammagard, Gammaked, Gammaplex, Gamunex-C, Privigen (Immune Globulin IV); SCIG: Gammagard, Gamunex-C, Hizentra (Immune Globulin Subcutaneous) HBIG: HepaGam B (Hepatitis B Immune Globulin) IGIM: GamaSTAN S/D Injection (Human Immune Globulin, Intramuscular)
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LENGTH OF AUTHORIZATION: 1 Year

NOTE: *If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

PA CRITERIA:

- ❖ IGIV (Bivigam, Carimune NF, Flebogamma DIF, Gammagard, Gammaked, Gammaplex, Gamunex-C, Privigen) is approvable for members with the following diagnoses:
 - Primary immunodeficiency
 - Pediatric (age <18) HIV (AIDS)
 - Chronic lymphocytic leukemia
 - Kawasaki disease
 - Chronic inflammatory demyelinating polyneuropathies
 - Idiopathic thrombocytic purpura (ITP)
 - Multifocal motor neuropathy (MMN)
- AND
 - Have received at least one dose of the product under medical supervision.
- ❖ CMV-IGIV (CytoGam) is approvable for members with the following diagnoses:
 - Prevention of CMV disease in members undergoing transplantation of kidney, lung, liver, pancreas, or heart
 - Prevention of CMV in recipients of a bone marrow allograft
 - Treatment of CMV pneumonitis in combination with ganciclovir in recipients of a bone marrow allograft
- ❖ SCIG (Gammagard, Gamunex-C, Hizentra) is approvable for members with primary immune deficiency and have received at least one dose of the product under medical supervision.
- ❖ HBIG (HepaGam B) is approvable for members requiring prevention of hepatitis B recurrence following liver transplantation.
- ❖ IGIM (GamaSTAN S/D) is approvable for members with immunoglobulin deficiency.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.